

## IFB Response For

**Psychological Services for Conway Human Development Center (CHDC)**  
**Department of Human Services, Division of Developmental Disabilities Services,**  
**Due Date: October 18<sup>th</sup>, 2024, at 10:30am CDT**



**Submitted By:**

Name: Deepika Vuppalanchi,  
CEO, Syra Health Corp.

**Address:**

1119 Keystone Way Ste 201,  
Carmel, IN 46032

Website: [www.syrahealth.com](http://www.syrahealth.com)

Phone: 463-345-8950

**Submitted To:**

Susie Taylor

Arkansas Department of Human Services

Attn: Office of Procurement

700 Main Street

Little Rock, AR 72201

[DHS.OP.Solicitations@dhs.arkansas.gov](mailto:DHS.OP.Solicitations@dhs.arkansas.gov)

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## Response to Scope of Work

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Syra Health has a comprehensive understanding of the scope of work outlined in the IFB for providing Psychological Services at the Conway Human Development Center (CHDC). As a healthcare provider experienced in delivering behavioral health services, we recognize the critical need for specialized psychological care for individuals with intellectual and developmental disabilities, particularly those with co-occurring psychiatric conditions. The range of services requested highlights the complexity of care required for clients ranging in age from six to eighty-five years old, and we are well-equipped to meet these demands.

We understand that our psychological examiner will work closely with the CHDC behavioral health staff, under the direct supervision of the contracted CHDC Psychologist, to ensure effective decision-making and tailored behavioral management programs. Our responsibilities will include conducting thorough psychological evaluations, interpreting test results, developing individualized treatment plans, and continuously monitoring client progress. Syra Health acknowledges the importance of collaboration with interdisciplinary teams to ensure holistic and patient-centered care.

In addition to psychological assessments, our team will be responsible for providing direct counseling and cognitive behavioral interventions, modifying treatment as necessary, and offering ongoing behavioral modification recommendations. We are also committed to attending staff meetings, conducting in-service training sessions for direct care staff, and working closely with family members to ensure that treatment plans are effectively continued at home.

For school-aged clients, our School Psychology Specialist will address all special education-related activities, working with the Interdisciplinary Team (IDT) to create individualized behavior management programs tailored to educational needs. The specialist will conduct comprehensive psychoeducational assessments, monitor progress, and provide behavior modification recommendations specific to special education contexts.

Our commitment to weekly client visits and thorough documentation, including monthly summaries, ensures that our care is consistent, well-documented, and responsive to client needs. Syra Health understands the importance of adhering to all state, federal, and agency guidelines and is fully prepared to meet the expectations outlined in this contract.

## Bid Response Package

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***BID RESPONSE PACKET  
710-25-025  
Psychological Services/CHDC***

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Syra Health Corp.			
Address:	1119 Keystone Way Ste 201,			
City:	Carmel	State:	IN	Zip Code: 46032
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #:		* See Minority and Women-Owned Business Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:	Deepika Vuppalanchi	Title:	CEO	
Phone:	463-345-8950	Alternate Phone:		
Email:	rfp@syrahealth.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.  <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: <u><i>11-Deepika</i></u>	Title: CEO
Printed/Typed Name: <u>Deepika Vuppalanchi</u>	Date: <sup>10/</sup> <u>8/2024</u>

## **SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

<b>Vendor Name:</b>	Syra Health Corp.	<b>Date:</b>	10/8/2024
<b>Signature:</b>	V. Deepika	<b>Title:</b>	CEO
<b>Printed Name:</b>	Deepika Vuppalanchi		

## PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## DOCUMENTATION CHECKLIST

*As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:*

- For Psychological Examiner – psychological examiners license by the Arkansas State Board of Examiners.
- For School Psychology Specialist –certification as a School Psychology Specialist by the Arkansas Department of Education.
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)



# Attachment A

Contract Number 710-25-025  
Attachment Number Attachment A  
Action Number

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Syra Health Corp.

YOUR LAST NAME: Vuppalachchi

FIRST NAME: Deepika

M.I.:

ADDRESS: 1119 Keystone Way Ste 201

CITY: Carmel

STATE: IN

ZIP CODE: 46032

COUNTRY:

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

DHS Revision 11/05/2014

Contract Number 710-25-025  
Attachment Number Attachment A  
Action Number \_\_\_\_\_

### Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
  
*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature N. Deepika Title CEO Date 10/8/2024  
Vendor Contact Person Deepika Vuppilanchi Title CEO Phone No. (463) 345-8950

**Agency use only**  
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

DHS Revision 11/05/2014

## Arkansas Certificate of Authority

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<p><b>STATE OF ARKANSAS</b></p> <p><b>SECRETARY OF STATE</b></p> <p><b>John Thurston</b> ARKANSAS SECRETARY OF STATE</p> <p>To All to Whom These Presents Shall Come, Greetings:</p> <p>I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of</p> <p><b>Application for Certificate of Authority</b></p> <p>of</p> <p><b>SYRA HEALTH CORP.</b></p> <p>filed in this office May 16, 2024</p> <p><b>In Testimony Whereof</b>, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 16th day of May 2024.</p> <p> John Thurston Secretary of State</p> <p>Online Certificate Authorization Code: 752831665606544cdf7 To verify the Authorization Code, visit <a href="https://sos.arkansas.gov">sos.arkansas.gov</a></p> <p></p>
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# Equal Employment Opportunity



## EQUAL EMPLOYMENT OPPORTUNITIES

SYRA HEALTH is an equal opportunity employer and complies with all applicable federal, state and local fair employment practices laws. SYRA HEALTH, strictly prohibits and does not tolerate discrimination against employees, applicants or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), gender (including gender nonconformity and status as a transgender or transsexual individual), age, physical or mental disability, citizenship, past, current or prospective service in the uniformed services, genetic information, or sexual preference or any other characteristic protected under applicable federal, state or local law. All SYRA HEALTH, employees, other workers and representatives are prohibited from engaging in unlawful discrimination. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, training, promotion, discipline, compensation, benefits and termination of employment.

SYRA HEALTH, complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act, and all applicable state or local law. Consistent with those requirements, SYRA HEALTH will reasonably accommodate qualified individuals with a disability if such accommodation would allow the individual to perform the essential functions of the job, unless doing so would create an undue hardship. If you believe you need an accommodation, refer your request to the Human Resource Department. SYRA HEALTH, will also, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

## Profiles

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We are pleased to share the resumes of some of our potential members from Syra Health Corp. who will play integral roles with the Arkansas Department of Human Services.

The resume provided gives a comprehensive overview of the professional background, qualification, and expertise that potential our team members bring to this initiative. We believe that their diverse skills and experiences align seamlessly with the goals outlined in the proposal, reflecting our commitment to delivering high-quality services and contributing to the success of the program.





## Profile – Mathew Strickland

### **Licensed Professional Counselor Arkansas.**

- 21 years of work experience in counseling and data analysis
- Extensive expertise in psychology, data analytics, and leadership
- Strong technical skills in analysis, dashboards, and reporting

### **Objective:**

Highly experienced Licensed Professional Counselor with over 21 years of experience across counseling, psychological evaluation, and data analysis. Adept at synthesizing complex psychological issues and transforming data into actionable insights. Strong analytical and leadership skills, combined with expertise in both mental health and data analysis.

### **Work Experience:**

#### **Licensed Professional Counselor | Parker Counseling**

*November 2015 – March 2016*

- Provided counseling services to diverse clients in a community counseling setting
- Applied evidence-based therapeutic methods to resolve client issues
- Developed and implemented tailored treatment plans
- Quantified progress and outcomes to guide client care

#### **Licensed Psychological Examiner | Arkansas DHS**

*January 2012 – May 2014*

- Conducted in-depth behavioral analysis to evaluate clients
- Prepared detailed analytical reports on clients' progress
- Collaborated with stakeholders to provide insights and improve treatment outcomes

#### **Data Analyst (Debrief Specialist) | United States Air Force (USAF)**

*April 2003 – April 2009*

- Collected and analyzed data to support military operations

- Developed and maintained dashboards in Excel for productivity tracking
  - Delivered daily, weekly, and monthly reports for squadron leadership to support decision-making
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**Skills:**

- Leadership and team management
  - Microsoft Excel, dashboard creation
  - Data analysis and reporting
  - Psychological assessment and counseling
  - Decision making and problem-solving
  - Analytics, search optimization, and computer science applications
- 

**Education:****Master of Science in Counseling Psychology**

*University of Central Arkansas | May 2012 | GPA: 3.55*

**Bachelor of Science in Social Psychology**

*Park University | May 2009 | Magna Cum Laude | GPA: 3.79*

**Bachelor of Science in Mathematics**

*Metropolitan State University of Denver | May 2019 | GPA: 3.38*

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**Technical Proficiencies:**

- Tableau, Power BI, SQL, Python
- Microsoft Excel (Proficient)
- C#, Mathematica, R (Novice)

## License Details



Arkansas Board of Examiners  
in Counseling and Marriage  
& Family Therapy

### Matthew Strickland

**License Number**

P2107012

**License Status**

Active

**License Expiration Date**

05/31/2025

**License Type**

LPC

**Initial Date of Licensure**

07/23/2021

**Phone**

(479) 443-5575

**E-mail Address**

mjordanstrickland@gmail.com

### Primary Place of Practice

**Employer**

Psychology and Counseling Associates

**Street**

5434 W Walsh In

**City**

Rogers

**Province / State**

ARKANSAS (AR)

**Zip Code**

72758

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